

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Quality Machine of Iowa, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 42-1448942

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5800 69th Avenue N.
Brooklyn Park, MN 55429

Number, Street, City, State & ZIP Code

Hennepin
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

1040 4th Avenue Audubon, IA 50025
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) qualitymachine.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor Quality Machine of Iowa, Inc. Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3327

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Quality Machine of Iowa, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	Quality Machine of Iowa, Inc.	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Quality Machine of Iowa, Inc.** Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 3, 2021**
MM / DD / YYYY

X /s/ Timothy Greene
Signature of authorized representative of debtor

Title **Owner and CEO**

Timothy Greene
Printed name

18. Signature of attorney **X /s/ Cameron A. Lallier**
Signature of attorney for debtor

Date **December 3, 2021**
MM / DD / YYYY

Cameron A. Lallier 393213
Printed name

Foley & Mansfield PLLP
Firm name

250 Marquette Avenue, Suite 1200
Minneapolis, MN 55401
Number, Street, City, State & ZIP Code

Contact phone **612-338-8788** Email address **jlavaque@foleymansfield.com**

393213 MN
Bar number and State

Fill in this information to identify the case:

Debtor name Quality Machine of Iowa, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 3, 2021

X /s/ Timothy Greene

Signature of individual signing on behalf of debtor

Timothy Greene

Printed name

Owner and CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Quality Machine of Iowa, Inc.**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AJ Investments ATTN: Jill Crane 980 Wild Prairie Drive Iowa City, IA 52246		Promissory Note				\$250,000.00
AJ Investments ATTN: Jill Crane 980 Wild Prairie Drive Iowa City, IA 52246		Addition to promissory note				\$100,000.00
Bosch Automotive Svc 28635 MOUND RD Warren, MI 48092						\$88,232.37
Cline Tool and Service PO Box 866 Newton, IA 50208						\$31,757.52
CloudFund LLC 400 Rella Blvd. Suite 165-101 Suffern, NY 10901		Receivables Financing - Junior Lien on Receivables		\$235,268.78	\$0.00	\$235,268.78
Doall Co. 14001 Chalco Valley Pkwy. Omaha, NE 68138-6191						\$42,326.80
Evolved Consulting LLC 429 Robertson Road New Boston, TX 75570						\$35,361.34
FFI Investments LLC 220 SE 6th Street Des Moines, IA 50309						\$100,000.00

Debtor **Quality Machine of Iowa, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
John A. Knutson & Co., PLLP 1781 Prior Avenue Falcon Heights, MN 55113						\$34,653.05
KONECRANES INC/FIVES MACHINING 740 BETA DR., SUITE F Cleveland, OH 44143						\$42,615.87
Minnesota Waterjet, Inc. 22451 INDUSTRIAL BLVD. Rogers, MN 55374						\$41,454.00
Nelsen Steel Co. 9400 W. Belmont Avenue Franklin Park, IL 60131-2898						\$195,470.37
Newtek 1981 Marcus Avenue Suite 130 Lake Success, NY 11042		Real Estate Production equipment	Contingent	\$4,140,857.32	\$2,000,000.00	\$2,140,857.32
Platinum Group 12301 Whitewater Drive Suite 10 Hopkins, MN 55343						\$100,000.00
Productivity, Inc. 15150 25th Avenue N. Minneapolis, MN 55447						\$24,255.12
The Clifford I. Anderson Trust 5300 Kelsey Terrace Minneapolis, MN 55436		1.5% interest per month paid quarterly; warrants for 4% of the common equity.				\$250,000.00
Timothy Greene 21463 Finch Rd Osakis, MN 56360		Disbursement from 401(K) to QMI				\$220,000.00
Timothy Greene 21463 Finch Rd Osakis, MN 56360		Disbursement from 401(K) to QMI				\$40,000.00
Timothy Greene 21463 Finch Rd Osakis, MN 56360						\$69,357.90

Debtor Quality Machine of Iowa, Inc. Case number (if known) _____
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
TVT Capital LLC 881 Baxter Drive South Jordan, UT 84095		Receivables financing - Junior Lien on Receivables		\$505,302.70	\$0.00	\$505,302.70

Fill in this information to identify the case:

Debtor name **Quality Machine of Iowa, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 2,470,000.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 5,898,270.57
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 8,368,270.57

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 8,216,892.30
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,126,270.32
4. Total liabilities Lines 2 + 3a + 3b	\$ 10,343,162.62

Fill in this information to identify the case:Debtor name Quality Machine of Iowa, Inc.United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. LandsmandsChecking4362\$500.003.2. Lincoln Savings BankPPP5680\$50.003.3. Great Western BankChecking1616\$20,623.94**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$21,173.94**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor Quality Machine of Iowa, Inc. Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,051,188.33 - 0.00 = \$1,051,188.33
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,051,188.33

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials <u>Raw Materials</u>	<u>9/30/2020</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$20,863.60</u>
20.	Work in progress <u>Work in progress</u>	<u>9/30/2020</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$88,350.20</u>
21.	Finished goods, including goods held for resale <u>Finished Goods</u>	<u>9/30/2020</u>	<u>\$0.00</u>	<u>N/A</u>	<u>\$814,657.50</u>

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$923,871.30

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor Quality Machine of Iowa, Inc. Case number (If known) _____
Name

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture, fixtures, and software and equipment (IA)	\$400,630.00		\$400,630.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment - including computer equipment, communication systems equipment, and software (MN)	\$0.00		\$199,468.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$600,098.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2021 Suburban Delivery Truck	Unknown	Replacement	\$37,640.00
47.2.	Ford 550 Delivery Truck	Unknown		\$50,900.00

Debtor Quality Machine of Iowa, Inc. Case number (If known) _____
Name

47.3.	<u>Wells Cargo Delivery Trailer</u>	<u>Unknown</u>	<u>\$15,000.00</u>
47.4.	<u>Wells Cargo delivery trailer</u>	<u>Unknown</u>	<u>\$15,000.00</u>
47.5.	<u>2002 Chebrolet Astro Van</u>	<u>\$0.00</u>	<u>\$1,000.00</u>
47.6.	<u>2000 Sterling (Not Operational)</u>	<u>\$0.00</u>	<u>\$0.00</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$119,540.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <u>5800 69th Ave N, Brooklyn Park, MN 55429</u>	<u>Fee simple</u>	<u>Unknown</u>	<u>Appraisal</u>	<u>\$2,000,000.00</u>
55.2. Factory located at: <u>1040 4th Avenue Audubon, IA 50025</u> <u>(three separate lots)</u>	<u>Fee simple</u>	<u>\$470,000.00</u>	<u>Tax records</u>	<u>\$470,000.00</u>

Debtor Quality Machine of Iowa, Inc. Case number (If known) _____
Name

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$2,470,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>qualitymachine.com - website.</u>	<u>Unknown</u>		<u>Unknown</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations <u>Customer lists</u>	<u>\$0.00</u>		<u>\$0.00</u>

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Debtor Quality Machine of Iowa, Inc.
Name

Case number (If known) _____

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
Wair Products: 5 year note (customer worked with for many years; this is the balance of what they owed QMI - not current for the last eight months - last payment rec'd in March 2021 - \$3,750.00/month). Debtor has a personal guaranty from previous owner.

	<u>160,000.00</u>	-	<u>0.00</u>	=
	Total face amount		doubtful or uncollectible amount	

\$160,000.00

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

Net operating losses	Tax year 2020	<u>\$3,022,399.00</u>
-----------------------------	----------------------	-----------------------

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

\$3,182,399.00

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor Quality Machine of Iowa, Inc. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$21,173.94	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,051,188.33	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$923,871.30	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$600,098.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$119,540.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$2,470,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$3,182,399.00	
91. Total. Add lines 80 through 90 for each column	\$5,898,270.57	+ 91b. \$2,470,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$8,368,270.57

Fill in this information to identify the case:

Debtor name Quality Machine of Iowa, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	21st Century Bank <small>Creditor's Name</small> 2335 Hwy 36 W Suite 202 Roseville, MN 55113 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred December 29, 2016 Last 4 digits of account number 8001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment loan at MN2 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$137,193.68 Unknown

2.2	Citizens One <small>Creditor's Name</small> PO Box 42033 Providence, RI 02940-2033 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred June 28, 2021 Last 4 digits of account number 4880 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2021 Suburban Delivery Truck Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$53,118.99 \$37,640.00
-----	---	---	--

Debtor **Quality Machine of Iowa, Inc.** Case number (if known) _____

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 CloudFund LLC

Creditor's Name

**400 Rella Blvd.
Suite 165-101
Suffern, NY 10901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

July 15, 2021

**Last 4 digits of account number
5495**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Receivables Financing - Junior Lien on Receivables

\$235,268.78

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Corporation Svc Co. as Rep.

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

uccsprep@cscinfo.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 CT Corporation System, as Rep.

Creditor's Name

**330 N. Brand Blvd. ATTN:
SPRS
Suite 700
Glendale, CA 91203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown

Unknown

Describe the lien

Debtor **Quality Machine of Iowa, Inc.** Case number (if known)

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 EIDL Loan

Creditor's Name

Describe debtor's property that is subject to a lien

\$509,800.00

Unknown

Blanket Lien

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

April 22, 2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 Great Western Bank

Creditor's Name

Describe debtor's property that is subject to a lien

\$1,737,948.95

\$1,737,948.95

**Business Manager - A/R Factoring facility
Inventory promissory note**

**120 So. 68th Street
West Des Moines, IA 50266**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Quality Machine of Iowa, Inc.** Case number (if known) _____

2.8	Great Western Bank	Describe debtor's property that is subject to a lien	\$0.00	\$1,051,188.33
	Creditor's Name	90 days or less: A/R as of November 26, 2021. Total.		
	120 So. 68th Street West Des Moines, IA 50266	Describe the lien		
	Creditor's mailing address	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
	Date debt was incurred	<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.9	Great Western Bank	Describe debtor's property that is subject to a lien	\$0.00	\$20,863.60
	Creditor's Name	Raw Materials		
	120 So. 68th Street West Des Moines, IA 50266	Describe the lien		
	Creditor's mailing address	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
	Date debt was incurred	<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.1 0	Great Western Bank	Describe debtor's property that is subject to a lien	\$0.00	\$88,350.20
	Creditor's Name	Work in progress		
	120 So. 68th Street West Des Moines, IA 50266	Describe the lien		
	Creditor's mailing address	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
	Date debt was incurred	<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1

Great Western Bank

Creditor's Name

**120 So. 68th Street
West Des Moines, IA 50266**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Finished Goods

\$0.00

\$814,657.50

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
2

Manufacturers Capital

Creditor's Name

**206 Saludo Street
New Smyrna Beach, FL
32169**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

July 20, 2020

**Last 4 digits of account number
1615**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

PUMA Machine

\$268,684.67

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
3

Manufacturers Capital

Creditor's Name

**206 Saludo Street
New Smyrna Beach, FL
32169**

Creditor's mailing address

Describe debtor's property that is subject to a lien

STAR Machine

\$535,383.91

Unknown

Describe the lien

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Name

Creditor's email address, if known

Date debt was incurred

December 22, 2020

Last 4 digits of account number

1615

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
4

Newtek

Creditor's Name

1981 Marcus Avenue

Suite 130

Lake Success, NY 11042

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

3721

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Real Estate Production equipment

\$4,140,857.32

\$2,000,000.00

Describe the lien

First Mortgage

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.1
5

Pinnacle - PHX LLC

Creditor's Name

c/o Eric Sheldahl

1191 W. Marina Drive

Chandler, AZ 85248

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

May 14, 2021

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

NAMMO purchase order

\$93,333.30

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
6

TVT Capital LLC

Creditor's Name

**881 Baxter Drive
South Jordan, UT 84095**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

July 1, 2020

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Receivables financing - Junior Lien on Receivables

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$505,302.70

\$0.00

2.1
7

**US Small Business
Administrati**

Creditor's Name

**10737 Gateway W., #300
El Paso, TX 79935**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
8

**US Small Business
Administrati**

Creditor's Name

**1545 Hawkins Blvd., Suite
202**

El Paso, TX 79925

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown

Unknown

Describe the lien

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$8,216,892.30

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Quality Machine of Iowa, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 21st Century Bank 17 Washington Ave N Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,541.91
3.2	Nonpriority creditor's name and mailing address Abrasive Innovations 1805 Red Fox Way Marion, IA 52302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.75
3.3	Nonpriority creditor's name and mailing address Ace Cutter Grinding 114 Thomas Circle Suite 108 Monticello, MN 55362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,369.00
3.4	Nonpriority creditor's name and mailing address Ace Hardware 215 Broadway Audubon, IA 50025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.73

Debtor	Quality Machine of Iowa, Inc.		Case number (if known)
	Name		
3.5	Nonpriority creditor's name and mailing address Advanced Metal Etching Inc. 801 Gerber Street Ligonier, IN 46767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,565.48
3.6	Nonpriority creditor's name and mailing address AETna PNC Bank, Attn: Aetna Box 350 E. Devon Avenue Itasca, IL 60143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,142.40
3.7	Nonpriority creditor's name and mailing address Agriland FS, Inc. Highway 71 South Box 252 Audubon, IA 50025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.16
3.8	Nonpriority creditor's name and mailing address Aid Electric Corp. 1622 93rd Lane NE Blaine, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630.00
3.9	Nonpriority creditor's name and mailing address AJ Investments ATTN: Jill Crane 980 Wild Prairie Drive Iowa City, IA 52246 Date(s) debt was incurred <u>February 21, 2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
3.10	Nonpriority creditor's name and mailing address AJ Investments ATTN: Jill Crane 980 Wild Prairie Drive Iowa City, IA 52246 Date(s) debt was incurred <u>March 6, 2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Addition to promissory note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.11	Nonpriority creditor's name and mailing address All Pallets Inc. 1504 Vinton Street Omaha, NE 68108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,203.00

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.12	Nonpriority creditor's name and mailing address All State Grinding, LLC 1512 92nd Lane NE Minneapolis, MN 55449-4333 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,831.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address All World Machinery Supply 6164 ALL WORLD WAY Roscoe, IL 61073-7738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,979.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address American Welding Society 8669 SW 36 St. 130 Miami, FL 33166-6672 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Aramark 10705 S. 147th St. Omaha, NE 68138 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$655.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Atlantic Pest Control LLC 315 Walnut Atlantic, IA 50022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$139.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Aviation Technical Testing 500 E. Travelers Trail Burnsville, MN 55337 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,459.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Avtec Finishing Systems, Inc. 9101 Science Center Drive Minneapolis, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,820.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.19	Nonpriority creditor's name and mailing address Bank of the West 475 Sansome 19th Floor San Francisco, CA 94111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.20	Nonpriority creditor's name and mailing address Best Western Plus - Mpls NW 2050 Freeway Blvd Minneapolis, MN 55430 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,525.86
<hr/>			
3.21	Nonpriority creditor's name and mailing address Bohlmann & Sons Sanitation 101 Market St Audubon, IA 50025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.23
<hr/>			
3.22	Nonpriority creditor's name and mailing address Bosch Automotive Svc 28635 MOUND RD Warren, MI 48092 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,232.37
<hr/>			
3.23	Nonpriority creditor's name and mailing address Boyer Trucks 2500 Broadway Drive Lauderdale, MN 55113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,599.52
<hr/>			
3.24	Nonpriority creditor's name and mailing address Brian's Doors 26004 Kittyhawk Ave Carroll, IA 51401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,626.20
<hr/>			
3.25	Nonpriority creditor's name and mailing address Capital One PO Box 6492 Carol Stream, IL 60197-6492 Date(s) debt was incurred _____ Last 4 digits of account number <u>1287</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,303.91

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.26	Nonpriority creditor's name and mailing address Capital One PO Box 6492 Carol Stream, IL 60197-6492 Date(s) debt was incurred _____ Last 4 digits of account number <u>6282</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,667.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.27	Nonpriority creditor's name and mailing address Capital One Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0285 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,699.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.28	Nonpriority creditor's name and mailing address Capital One / Menards PO Box 4069 Carol Stream, IL 60197-4069 Date(s) debt was incurred _____ Last 4 digits of account number <u>0186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$530.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.29	Nonpriority creditor's name and mailing address Cass Precision Machining 4800 North Lilac Drive Minneapolis, MN 55429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$608.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.30	Nonpriority creditor's name and mailing address Castle Metals 3100 82nd Lane NE Minneapolis, MN 55449-7206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,321.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.31	Nonpriority creditor's name and mailing address Castle Metals 3100 82nd Lane NE Minneapolis, MN 55449-7206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,693.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.32	Nonpriority creditor's name and mailing address Centerpoint Energy 201 7th Street S. Minneapolis, MN 55402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$269.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor	Quality Machine of Iowa, Inc. Name	Case number (if known) _____
--------	--	------------------------------

3.33	Nonpriority creditor's name and mailing address Charleston Inc. PO Box 1030 Fremont, NE 68026-1030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,847.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.34	Nonpriority creditor's name and mailing address Chase Freedom PO Box 15298 Wilmington, DE 19850-5298 Date(s) debt was incurred _____ Last 4 digits of account number <u>1698</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,296.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.35	Nonpriority creditor's name and mailing address Cintas 2108 WASHINGTON AVE N Minneapolis, MN 55411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.36	Nonpriority creditor's name and mailing address CitiCards PO Box 790046 Saint Louis, MO 63179-0046 Date(s) debt was incurred _____ Last 4 digits of account number <u>9527</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,691.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.37	Nonpriority creditor's name and mailing address City Service & Parts 511 Market St Audubon, IA 50025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$168.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.38	Nonpriority creditor's name and mailing address Cline Tool and Service PO Box 866 Newton, IA 50208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,757.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.39	Nonpriority creditor's name and mailing address Cline Tool and Service PO Box 866 Newton, IA 50208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,517.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.40	Nonpriority creditor's name and mailing address CloudFund LLC 400 Rella Blvd. Suite 165-101 Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.41	Nonpriority creditor's name and mailing address Co-operative Plating Co. 271 N. Snelling Ave. Saint Paul, MN 55104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,652.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.42	Nonpriority creditor's name and mailing address Co-operative Plating Co.. 271 N. Snelling Ave. Saint Paul, MN 55104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$583.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.43	Nonpriority creditor's name and mailing address Computer Concepts of Iowa 528 N. Court Street PO Box 761 Carroll, IA 51401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.44	Nonpriority creditor's name and mailing address Concept Machine Tool Sales, In 15625 Medina Road Minneapolis, MN 55447 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$148.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.45	Nonpriority creditor's name and mailing address Culligan Industrial Water 6030 Culligan Way Minnetonka, MN 55345 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$227.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.46	Nonpriority creditor's name and mailing address Dayton Machine, Inc. 6504 International Pkwy. Suite 2100 Plano, TX 75093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$340.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.47	Nonpriority creditor's name and mailing address De Lage Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Equipment Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.48	Nonpriority creditor's name and mailing address Deco Tool LLC 3140 104th Ln NE Blaine, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$265.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.49	Nonpriority creditor's name and mailing address Deedra Green 21463 Finch Rd Osakis, MN 56360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.50	Nonpriority creditor's name and mailing address Discover IT PO Box 30421 Salt Lake City, UT 84130-0421 Date(s) debt was incurred ____ Last 4 digits of account number <u>5687</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,613.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.51	Nonpriority creditor's name and mailing address DMACC 2006 S. Ankeny Blvd. Bldg 1. Ankeny, IA 50023-8995 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,885.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.52	Nonpriority creditor's name and mailing address Doall Co. 14001 Chalco Valley Pkwy. Omaha, NE 68138-6191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,326.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.53	Nonpriority creditor's name and mailing address Doall Co. 14001 Chalco Valley Pkwy. Omaha, NE 68138-6191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,911.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.54	Nonpriority creditor's name and mailing address Doall Co. 14001 Chalco Valley Pkwy. Omaha, NE 68138-6191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$806.85
------	---	---	-----------------

3.55	Nonpriority creditor's name and mailing address Dohrn Transfer Co. LLC 625 3rd Avenue Rock Island, IL 61201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,458.60
------	--	---	-------------------

3.56	Nonpriority creditor's name and mailing address Drill Masters - Eldorado Tool 336 Boston Post Road Milford, CT 06460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,244.20
------	---	---	-------------------

3.57	Nonpriority creditor's name and mailing address E/M Coating Services 2172 Old Hwy 8 NW New Brighton, MN 55112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
------	--	---	-----------------

3.58	Nonpriority creditor's name and mailing address Echo Global Logistics 22168 Network Pl. Chicago, IL 60673-1221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
------	---	---	-------------------

3.59	Nonpriority creditor's name and mailing address Echo Global Logistics 22168 Network Pl. Chicago, IL 60673-1221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.12
------	---	---	-----------------

3.60	Nonpriority creditor's name and mailing address Eco Finishing Co. 5100 Industrial Blvd. Minneapolis, MN 55421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,928.42
------	--	---	-------------------

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.61	Nonpriority creditor's name and mailing address Eco Finishing Co. 5100 Industrial Blvd. Minneapolis, MN 55421 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,647.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.62	Nonpriority creditor's name and mailing address Enshu USA Corp. 404 E. State Parkway Schaumburg, IL 60173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,342.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.63	Nonpriority creditor's name and mailing address Evolved Consulting LLC 429 Robertson Road New Boston, TX 75570 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,361.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.64	Nonpriority creditor's name and mailing address FedEx Express Services PO Box 94515 Palatine, IL 60094-4515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.65	Nonpriority creditor's name and mailing address FFI Investments LLC 220 SE 6th Street Des Moines, IA 50309 Date(s) debt was incurred <u>February 28, 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.66	Nonpriority creditor's name and mailing address Five-Lakes Financial Inc 840 N. 3rd St. #500 Milwaukee, WI 53202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.67	Nonpriority creditor's name and mailing address Flame Metals Processing Corp. 12450 Ironwood Circle Rogers, MN 55374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,371.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known) _____

Name

3.68	Nonpriority creditor's name and mailing address Flame Metals Processing Corp. 12450 Ironwood Circle Rogers, MN 55374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.95
3.69	Nonpriority creditor's name and mailing address Fox Engineering LLC 1412 317TH AVE NE Cambridge, MN 55008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,554.00
3.70	Nonpriority creditor's name and mailing address Fox Valley Metrology 30447 Stacy Ponds Dr. Stacy, MN 55079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.76
3.71	Nonpriority creditor's name and mailing address Fox Valley Metrology 30447 Stacy Ponds Dr. Stacy, MN 55079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.56
3.72	Nonpriority creditor's name and mailing address General Fire & Safety Omaha 5641 SOUTH 85th CIRCLE Omaha, NE 68127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$656.32
3.73	Nonpriority creditor's name and mailing address Grainger Inside Sales 2450 Annapolis Lane N. Plymouth, MN 55441-3600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,280.48
3.74	Nonpriority creditor's name and mailing address Grainger Inside Sales 2450 Annapolis Lane N. Plymouth, MN 55441-3600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.39

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.75	Nonpriority creditor's name and mailing address Hales Machine Tool Inc. 2730 Niagara Lane N. Minneapolis, MN 55447 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,121.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.76	Nonpriority creditor's name and mailing address Hard Chrome, Inc. 2631 SECOND STREET N.E. Minneapolis, MN 55418 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,002.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.77	Nonpriority creditor's name and mailing address Heritage Crystal Clean LLC 2175 Point Blvd. Suite 375 Elgin, IL 60123-9211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,285.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.78	Nonpriority creditor's name and mailing address Hill Industrial Tools AR Dept. 2110 Ranchview Ln N Plymouth, MN 55447-1460 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,669.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.79	Nonpriority creditor's name and mailing address Hill Industrial Tools AR Dept. 2110 Ranchview Ln N Plymouth, MN 55447-1460 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,541.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.80	Nonpriority creditor's name and mailing address Home Depot 6701 Boone Ave N. Minneapolis, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$389.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.81	Nonpriority creditor's name and mailing address IA Assn of Business & Industry 400 E. Court Avenue Suite 100 Des Moines, IA 50309-2017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.82	Nonpriority creditor's name and mailing address Ice Technologies 411 SE 9th St. Pella, IA 50219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,248.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.83	Nonpriority creditor's name and mailing address Industrial Systems & Supply 2962 33rd Ave Columbus, NE 68601-2332 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$906.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.84	Nonpriority creditor's name and mailing address J&E Precision Machining 600 Seventh St S. Delano, MN 55328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,028.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.85	Nonpriority creditor's name and mailing address Jem Technical Marketing Co. 2250 Daniels St Long Lake, MN 55356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$278.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.86	Nonpriority creditor's name and mailing address John Hancock Retirement Plan 200 Berkeley Street Boston, MA 02116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,970.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.87	Nonpriority creditor's name and mailing address John A. Knutson & Co., PLLP 1781 Prior Avenue Falcon Heights, MN 55113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,653.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.88	Nonpriority creditor's name and mailing address KONECRANES INC/FIVES MACHINING 740 BETA DR., SUITE F Cleveland, OH 44143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,615.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.89	Nonpriority creditor's name and mailing address LNS America, Inc. 4621 East Tech Drive Cincinnati, OH 45245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.37
------	--	---	-----------------

3.90	Nonpriority creditor's name and mailing address Lube-Tech 900 Mendelssohn Ave N. Minneapolis, MN 55427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,805.31
------	---	---	--------------------

3.91	Nonpriority creditor's name and mailing address Lube-Tech 900 Mendelssohn Ave N. Minneapolis, MN 55427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,951.59
------	---	---	-------------------

3.92	Nonpriority creditor's name and mailing address Lube-Tech 900 Mendelssohn Ave N. Minneapolis, MN 55427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,730.88
------	---	---	-------------------

3.93	Nonpriority creditor's name and mailing address Manufacturers Capital 206 Saludo Street New Smyrna Beach, FL 32169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,292.00
------	---	---	-------------------

3.94	Nonpriority creditor's name and mailing address Mars Supply 215 East 78th St Minneapolis, MN 55420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$846.70
------	---	---	-----------------

3.95	Nonpriority creditor's name and mailing address Mars Supply 215 East 78th St Minneapolis, MN 55420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$752.10
------	---	---	-----------------

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.96	Nonpriority creditor's name and mailing address MD Tooling 10139 Bergin Road Howell, MI 48843 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,874.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.97	Nonpriority creditor's name and mailing address Mediacom 2205 Ingersoll Des Moines, IA 50312-5289 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$512.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.98	Nonpriority creditor's name and mailing address Menards Retail Services 7800 Lakeland Ave N. Minneapolis, MN 55445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$481.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.99	Nonpriority creditor's name and mailing address Merk Plumbing LLC 1739 Crane Avenue Audubon, IA 50025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,321.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.100	Nonpriority creditor's name and mailing address Midway Steel Supply Co. 14255 James Rd. Rogers, MN 55374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,778.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.101	Nonpriority creditor's name and mailing address Midwest Precision Mfg. PO Box 14 Fredonia, WI 53021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,568.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.102	Nonpriority creditor's name and mailing address Mike Harff 6504 International Pkwy. Suite 2100 Plano, TX 75093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,790.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.103	Nonpriority creditor's name and mailing address Minnesota Waterjet, Inc. 22451 INDUSTRIAL BLVD. Rogers, MN 55374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,454.00
3.104	Nonpriority creditor's name and mailing address Mitutoyo America Corp. 958 Corporate Blvd. Aurora, IL 60504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,848.64
3.105	Nonpriority creditor's name and mailing address MMIT Business Solutions Groups 4201 NW Urbandale Dr Urbandale, IA 50322-7916 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,396.96
3.106	Nonpriority creditor's name and mailing address Motion Industries, Inc. 1325 SE Ordinance Road Suite A Ankeny, IA 50023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.32
3.107	Nonpriority creditor's name and mailing address MSC Industrial Supply Co. PO BOX 953635 Saint Louis, MO 63195-3635 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,523.42
3.108	Nonpriority creditor's name and mailing address MSC Industrial Supply Co. PO BOX 953635 Saint Louis, MO 63195-3635 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,474.26
3.109	Nonpriority creditor's name and mailing address MTS Inc. 2800 Olive St Atlantic, IA 50022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.45

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.110	Nonpriority creditor's name and mailing address NAPA Auto Parts 1871 HWY 71 N., PO BOX 226 Audubon, IA 50025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$180.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.111	Nonpriority creditor's name and mailing address NDI Consultants, Inc. 14608 Felton Ct Suite 101 Apple Valley, MN 55124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.112	Nonpriority creditor's name and mailing address Nelsen Steel Co. 9400 W. Belmont Avenue Franklin Park, IL 60131-2898 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$195,470.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.113	Nonpriority creditor's name and mailing address Nico 2929 1st Ave S. Minneapolis, MN 55408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,609.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.114	Nonpriority creditor's name and mailing address North Central Stamping & Mfg. 1581 93rd Ln NE Minneapolis, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$868.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.115	Nonpriority creditor's name and mailing address North Central Stamping & Mfg. 1581 93rd Ln NE Minneapolis, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,025.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.116	Nonpriority creditor's name and mailing address Northern Tool & Equipment 2800 Southcross Dr. W. Burnsville, MN 55306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,723.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.117	Nonpriority creditor's name and mailing address Pacific Tool & Gauge 625 Antelope Road White City, OR 97503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$796.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Parker Hannifin Corp. 77 Dragon Court Chomerics Division Woburn, MA 01888 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,278.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address Peterson, Engberg & Peterson 25 Ninth Ave N. Hopkins, MN 55343-7666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Platinum Group 12301 Whitewater Drive Suite 10 Hopkins, MN 55343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address Prestige Products 1403 W. Broadway Minneapolis, MN 55411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,855.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address Productivity, Inc. 15150 25th Avenue N. Minneapolis, MN 55447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,255.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address Productivity, Inc. 15150 25th Avenue N. Minneapolis, MN 55447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,167.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.124	Nonpriority creditor's name and mailing address Quill Corporation PO Box 94081 Palatine, IL 60094-4081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$688.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address Quill Corporation PO Box 94081 Palatine, IL 60094-4081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$84.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address R&R Machinery Movers 9000 Science Center Drive, #2 Minneapolis, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,322.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CNC Turning Center Puma 8HC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address Radwell International 111 Mount Holly Bypass Lumberton, NJ 08048 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,547.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address Robinson Ruhnke, PC 903 E. US Highway 30 PO Box 908 Carroll, IA 51401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,792.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address Shred-It USA 8400 89th Avenue N Suite 430 Minneapolis, MN 55445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address Soulo Communications 1155 114th Lane NW Minneapolis, MN 55448 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$441.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.131	Nonpriority creditor's name and mailing address Southside Welding PO Box 147 1020 3rd Avenue Audubon, IA 50025-0147 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$331.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.132	Nonpriority creditor's name and mailing address Star CNC Machine Tool Corp. 123 Powerhouse Road Roslyn Heights, NY 11577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,721.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.133	Nonpriority creditor's name and mailing address Sunnen Products Co. 7910 Manchester Avenue Saint Louis, MO 63143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.134	Nonpriority creditor's name and mailing address Tech Financial Services 1625 W. Fountainhead Pkwy. Tempe, AZ 85282 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,178.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.135	Nonpriority creditor's name and mailing address Technical Plating, Inc. 8760 Xylon Ave N. Brooklyn Park, MN 55445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,395.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.136	Nonpriority creditor's name and mailing address TGK Automotive of Crystal Inc. 5337 Edgewood Ave N. Minneapolis, MN 55428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$913.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.137	Nonpriority creditor's name and mailing address The Calibration Solution 9865 N. Alpine Road Machesney Park, IL 61115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Quality Machine of Iowa, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.138	Nonpriority creditor's name and mailing address The Clifford I. Anderson Trust 5300 Kelsey Terrace Minneapolis, MN 55436 Date(s) debt was incurred <u>April 16, 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>1.5% interest per month paid quarterly; warrants for 4% of the common equity.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.139	Nonpriority creditor's name and mailing address Thread Check, Inc. 900 Marconi Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,201.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.140	Nonpriority creditor's name and mailing address Timothy Greene 21463 Finch Rd Osakis, MN 56360 Date(s) debt was incurred <u>June 1, 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$220,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Disbursement from 401(K) to QMI</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.141	Nonpriority creditor's name and mailing address Timothy Greene 21463 Finch Rd Osakis, MN 56360 Date(s) debt was incurred <u>March 20, 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Disbursement from 401(K) to QMI</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.142	Nonpriority creditor's name and mailing address Timothy Greene 21463 Finch Rd Osakis, MN 56360 Date(s) debt was incurred <u>April 4, 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69,357.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.143	Nonpriority creditor's name and mailing address Timothy Greene 21463 Finch Rd Osakis, MN 56360 Date(s) debt was incurred <u>December 1, 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,027.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.144	Nonpriority creditor's name and mailing address Toll Gas & Welding Supply 7609 N. 73rd Avenue Brooklyn Park, MN 55429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,574.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.145	Nonpriority creditor's name and mailing address Tri-V Tooling & Mfg. Co. 13434 Centech Rd. Omaha, NE 68138-3493 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,129.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address Tri-V Tooling & Mfg. Co. 13434 Centech Rd. Omaha, NE 68138-3493 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$429.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address Trusty Cook, Inc. 10530 E. 59th St. Indianapolis, IN 46236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,999.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Trusty Cook, Inc. 10530 E. 59th St. Indianapolis, IN 46236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$575.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Twin City Staffing LLC 107 Cedar St Suite 3 Monticello, MN 55362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,182.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address Uline 985 Aldin Dr. Eagan, MN 55121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,620.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address Uline 985 Aldin Dr. Eagan, MN 55121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,100.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Quality Machine of Iowa, Inc. Name _____	Case number (if known) _____
--------	--	------------------------------

3.152	Nonpriority creditor's name and mailing address Unipoint Software 342 Jelley Avenue Newmarket, ON Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,561.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.153	Nonpriority creditor's name and mailing address Uniprint, Inc. 22837 Ventura Blvd. Suite 203 Woodland Hills, CA 91364 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$406.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.154	Nonpriority creditor's name and mailing address United Parcel Service PO Box 505820 The Lakes, NV 88905-5820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$280.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.155	Nonpriority creditor's name and mailing address United Parcel Service PO Box 505820 The Lakes, NV 88905-5820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$103.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.156	Nonpriority creditor's name and mailing address United Standards Lab, Inc. 4250 Nicollet Avenue S. Minneapolis, MN 55409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,336.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.157	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$184.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.158	Nonpriority creditor's name and mailing address Vision Coatings 1679 Radisson Road NE Blaine, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$947.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Quality Machine of Iowa, Inc.** Case number (if known) _____

Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jill Smith 965 Ryan Court Iowa City, IA 52246	Line 3.9	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 2,126,270.32
5c.	\$ 2,126,270.32

Fill in this information to identify the case:

Debtor name **Quality Machine of Iowa, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Office equipment

State the term remaining

List the contract number of any government contract _____

**De Lage
1111 Old Eagle School Rd Ste 1
Wayne, PA 19087-1453**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Opened April 21, 2021
Computer equipment**

State the term remaining

List the contract number of any government contract _____

**Ice Technologies
PO Box 660831
Dallas, TX 75266-0831**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Opened August 12, 2019
Purchase Money
Security
Computer equipment
Three years**

State the term remaining

List the contract number of any government contract _____

**Ingram Micro Lease - IT!
PO Box 660831
Dallas, TX 75266-0831**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Opened September 8, 2020
Lease Agreement
Forklift - in MN - five
year lease
Four years**

State the term remaining

List the contract number of any government contract _____

**KLC
3514 County Road 101
Minnetonka, MN 55345**

Debtor 1 **Quality Machine of Iowa, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Opened December 8, 2020
Lease Agreement
Dryer - 3 year lease
Two years**

State the term remaining

List the contract number of any government contract

**Leaf Capital Funding LLC
PO Box 5066
Hartford, CT 06102-5066**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Opened July 20, 2020
PUMA Machine**

State the term remaining

4 years

List the contract number of any government contract

**Manufacturers Capital
206 Saludo Street
New Smyrna Beach, FL 32169**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Opened December 22, 2020
STAR Machine**

State the term remaining

Four years

List the contract number of any government contract

**Manufacturers Capital
206 Saludo Street
New Smyrna Beach, FL 32169**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Opened

State the term remaining

List the contract number of any government contract

**Star CNC Machine Tool Corp.
123 Powerhouse Road
Roslyn Heights, NY 11577**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Opened October 29, 2018
Lease Agreement
Star SR 32JN Machine.
Seven year lease.**

State the term remaining

List the contract number of any government contract

**Tech Financial Services
1625 W. Fountainhead Pkwy.
Tempe, AZ 85282**

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Purchase agreement
for QMI facility in
Brooklyn Park, MN**

State the term remaining

**Woda Cooper Development, Inc.
500 South Front Street, 10th F
Columbus, OH 43215**

Debtor 1 **Quality Machine of Iowa, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any
government contract

Fill in this information to identify the case:

Debtor name Quality Machine of Iowa, Inc.United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Timothy Greene

21463 Finch Road
Osakis, MN 56360

21st Century Bank

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 Timothy Greene

21463 Finch Road
Osakis, MN 56360

CloudFund LLC

☒ D 2.3
☐ E/F _____
☐ G _____

2.3 Timothy Greene

21463 Finch Road
Osakis, MN 56360

Great Western Bank

☒ D 2.7
☐ E/F _____
☐ G _____

2.4 Timothy Greene

21463 Finch Road
Osakis, MN 56360

Newtek

☒ D 2.14
☐ E/F _____
☐ G _____

2.5 Timothy Greene

21463 Finch Road
Osakis, MN 56360

TVT Capital LLC

☒ D 2.16
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name Quality Machine of Iowa, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 4/01/2021 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$6,845,000.00

For prior year:
From 4/01/2020 to 3/31/2021

☒ Operating a business

☐ Other _____

\$4,622,000.00

For year before that:
From 4/01/2019 to 3/31/2020

☒ Operating a business

☐ Other _____

\$7,231,000.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

For prior year:
From 4/01/2020 to 3/31/2021

Rental

\$20,692.00

For prior year:
From 4/01/2020 to 3/31/2021

PPP Loan Forgiveness

\$518,025.00

For year before that:
From 4/01/2019 to 3/31/2020

Rental

\$67,773.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
-----------------------------	-------	-----------------------	--

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Lisa Steffes v. Quality Machine of Iowa, Inc. n/a	Employment/Wrongful Discharge/Pre-suit (EEOC issued right to sue letter)		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Dean Beaukema v. Quality Machine of Iowa, Inc.	Employment/Wrongful Discharge/Active		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Foley & Mansfield 250 Marquette Avenue Suite 1200 Minneapolis, MN 55401	Proposed Debtor's Counsel (Pre-Petition Retainer)	11/23/2021	\$25,000.00

Email or website address

Who made the payment, if not debtor?

11.2. Platinum Management, LLC	CRO and proposed Financial Advisors (Pre-Petition Retainer)	11/19/2021	\$16,000.00
---------------------------------------	--	-------------------	--------------------

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

John Hancock 401K plan

Employer identification number of the plan

EIN: **105015-00-2**

Has the plan been terminated?

☒ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
R&R Machinery Movers 9000 Science Center Drive, #2 Minneapolis, MN 55428	Timothy Greene Brian Bester (owner of R&R Machinery - see address)	CNC Turning Center (Puma 8HC) which needs repair. Debtor gets invoiced \$136.50 per month storage fee.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.

☐ Yes. Provide details below.

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1. Jonelle Gaskell-Irlmeier

November 2019 -
March 2020

26a.2. Kelli Jensen

March 2020 -
October 2021

26a.3. Angela O'Grady

November 2021 -
present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26b.1. John A. Knutson
Ethan Cummings
1781 Prior Avenue N.
Falcon Heights, MN 55113

Last 4-5 years

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Great Western Bank
120 So. 68th Street
West Des Moines, IA 50266**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

27.1 **Rod Jensen**

2020

Name and address of the person who has possession of inventory records

QMI

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Timothy Greene

Owner/CEO

100%

Name

Address

Position and nature of any interest

% of interest, if any

Rod Jensen

President through November 30, 2021

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name

Address

Position and nature of any interest

**Period during which position or interest was held
Through November 30, 2021**

Rod Jensen

President

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Quality Machine of Iowa, Inc.**

Case number (if known)

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Deedra Greene	Wages - \$43,698	YTD	
	Relationship to debtor Immediate family			
30.2	Timothy Greene	Wages - \$54,454	YTD	
	Relationship to debtor Owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 3, 2021**

/s/ Timothy Greene

Signature of individual signing on behalf of the debtor

Timothy Greene

Printed name

Position or relationship to debtor **Owner and CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

LOCAL FORM 1007-1
REVISED 06/16

**United States Bankruptcy Court
District of Minnesota**

In re Quality Machine of Iowa, Inc.

Debtor(s)

Case No.
Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	<u>25,000.00</u>
Prior to the filing of this statement I have received	\$	<u>25,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

LOCAL FORM 1007-1
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **December 3, 2021**

Signature of Attorney
/s/ Cameron A. Lallier

Cameron A. Lallier 393213

**United States Bankruptcy Court
District of Minnesota**

In re Quality Machine of Iowa, Inc.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Owner and CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 3, 2021

Signature /s/ Timothy Greene
Timothy Greene

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Minnesota**

In re **Quality Machine of Iowa, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Owner and CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 3, 2021**

/s/ Timothy Greene

Timothy Greene/Owner and CEO

Signer/Title

21ST CENTURY BANK
2335 HWY 36 W
SUITE 202
ROSEVILLE MN 55113

21ST CENTURY BANK
17 WASHINGTON AVE N
MINNEAPOLIS MN 55401

ABRASIVE INNOVATIONS
1805 RED FOX WAY
MARION IA 52302

ACE CUTTER GRINDING
114 THOMAS CIRCLE
SUITE 108
MONTICELLO MN 55362

ACE HARDWARE
215 BROADWAY
AUDUBON IA 50025

ADVANCED METAL ETCHING INC.
801 GERBER STREET
LIGONIER IN 46767

AETNA
PNC BANK, ATTN: AETNA BOX
350 E. DEVON AVENUE
ITASCA IL 60143

AGRILAND FS, INC.
HIGHWAY 71 SOUTH
BOX 252
AUDUBON IA 50025

AID ELECTRIC CORP.
1622 93RD LANE NE
BLAINE MN 55449

AJ INVESTMENTS
ATTN: JILL CRANE
980 WILD PRAIRIE DRIVE
IOWA CITY IA 52246

ALL PALLETS INC.
1504 VINTON STREET
OMAHA NE 68108

ALL STATE GRINDING, LLC
1512 92ND LANE NE
MINNEAPOLIS MN 55449-4333

ALL WORLD MACHINERY SUPPLY
6164 ALL WORLD WAY
ROSCOE IL 61073-7738

AMERICAN WELDING SOCIETY
8669 SW 36 ST. 130
MIAMI FL 33166-6672

ARAMARK
10705 S. 147TH ST.
OMAHA NE 68138

ATLANTIC PEST CONTROL LLC
315 WALNUT
ATLANTIC IA 50022

AVIATION TECHNICAL TESTING
500 E. TRAVELERS TRAIL
BURNSVILLE MN 55337

AVTEC FINISHING SYSTEMS, INC.
9101 SCIENCE CENTER DRIVE
MINNEAPOLIS MN 55428

BANK OF THE WEST
475 SANSOME 19TH FLOOR
SAN FRANCISCO CA 94111

BEST WESTERN PLUS - MPLS NW
2050 FREEWAY BLVD
MINNEAPOLIS MN 55430

BOHLMANN & SONS SANITATION
101 MARKET ST
AUDUBON IA 50025

BOSCH AUTOMOTIVE SVC
28635 MOUND RD
WARREN MI 48092

BOYER TRUCKS
2500 BROADWAY DRIVE
LAUDERDALE MN 55113

BRIAN'S DOORS
26004 KITTYHAWK AVE
CARROLL IA 51401

CAPITAL ONE
PO BOX 6492
CAROL STREAM IL 60197-6492

CAPITAL ONE
ATTN: GENERAL CORRESPONDENCE
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAPITAL ONE / MENARDS
PO BOX 4069
CAROL STREAM IL 60197-4069

CASS PRECISION MACHINING
4800 NORTH LILAC DRIVE
MINNEAPOLIS MN 55429

CASTLE METALS
3100 82ND LANE NE
MINNEAPOLIS MN 55449-7206

CENTERPOINT ENERGY
201 7TH STREET S.
MINNEAPOLIS MN 55402

CHARLESTON INC.
PO BOX 1030
FREMONT NE 68026-1030

CHASE FREEDOM
PO BOX 15298
WILMINGTON DE 19850-5298

CINTAS
2108 WASHINGTON AVE N
MINNEAPOLIS MN 55411

CITICARDS
PO BOX 790046
SAINT LOUIS MO 63179-0046

CITIZENS ONE
PO BOX 42033
PROVIDENCE RI 02940-2033

CITY SERVICE & PARTS
511 MARKET ST
AUDUBON IA 50025

CLINE TOOL AND SERVICE
PO BOX 866
NEWTON IA 50208

CLOUDFUND LLC
400 RELLA BLVD.
SUITE 165-101
SUFFERN NY 10901

CO-OPERATIVE PLATING CO.
271 N. SNELLING AVE.
SAINT PAUL MN 55104

CO-OPERATIVE PLATING CO..
271 N. SNELLING AVE.
SAINT PAUL MN 55104

COMPUTER CONCEPTS OF IOWA
528 N. COURT STREET
PO BOX 761
CARROLL IA 51401

CONCEPT MACHINE TOOL SALES, IN
15625 MEDINA ROAD
MINNEAPOLIS MN 55447

CORPORATION SVC CO. AS REP.
PO BOX 2576
SPRINGFIELD IL 62708

CT CORPORATION SYSTEM, AS REP.
330 N. BRAND BLVD. ATTN: SPRS
SUITE 700
GLENDALE CA 91203

CULLIGAN INDUSTRIAL WATER
6030 CULLIGAN WAY
MINNETONKA MN 55345

DAYTON MACHINE, INC.
6504 INTERNATIONAL PKWY.
SUITE 2100
PLANO TX 75093

DE LAGE
1111 OLD EAGLE SCHOOL RD STE 1
WAYNE PA 19087-1453

DECO TOOL LLC
3140 104TH LN NE
BLAINE MN 55449

DEEDRA GREEN
21463 FINCH RD
OSAKIS MN 56360

DISCOVER IT
PO BOX 30421
SALT LAKE CITY UT 84130-0421

DMACC
2006 S. ANKENY BLVD.
BLDG 1.
ANKENY IA 50023-8995

DOALL CO.
14001 CHALCO VALLEY PKWY.
OMAHA NE 68138-6191

DOHRN TRANSFER CO. LLC
625 3RD AVENUE
ROCK ISLAND IL 61201

DRILL MASTERS - ELDORADO TOOL
336 BOSTON POST ROAD
MILFORD CT 06460

E/M COATING SERVICES
2172 OLD HWY 8 NW
NEW BRIGHTON MN 55112

ECHO GLOBAL LOGISTICS
22168 NETWORK PL.
CHICAGO IL 60673-1221

ECO FINISHING CO.
5100 INDUSTRIAL BLVD.
MINNEAPOLIS MN 55421

EIDL LOAN

ENSHU USA CORP.
404 E. STATE PARKWAY
SCHAUMBURG IL 60173

EVOLVED CONSULTING LLC
429 ROBERTSON ROAD
NEW BOSTON TX 75570

FEDEX EXPRESS SERVICES
PO BOX 94515
PALATINE IL 60094-4515

FFI INVESTMENTS LLC
220 SE 6TH STREET
DES MOINES IA 50309

FIVE-LAKES FINANCIAL INC
840 N. 3RD ST. #500
MILWAUKEE WI 53202

FLAME METALS PROCESSING CORP.
12450 IRONWOOD CIRCLE
ROGERS MN 55374

FOX ENGINEERING LLC
1412 317TH AVE NE
CAMBRIDGE MN 55008

FOX VALLEY METROLOGY
30447 STACY PONDS DR.
STACY MN 55079

GENERAL FIRE & SAFETY OMAHA
5641 SOUTH 85TH CIRCLE
OMAHA NE 68127

GRAINGER
INSIDE SALES
2450 ANNAPOLIS LANE N.
PLYMOUTH MN 55441-3600

GREAT WESTERN BANK
120 SO. 68TH STREET
WEST DES MOINES IA 50266

HALES MACHINE TOOL INC.
2730 NIAGARA LANE N.
MINNEAPOLIS MN 55447

HARD CHROME, INC.
2631 SECOND STREET N.E.
MINNEAPOLIS MN 55418

HERITAGE CRYSTAL CLEAN LLC
2175 POINT BLVD.
SUITE 375
ELGIN IL 60123-9211

HILL INDUSTRIAL TOOLS
AR DEPT.
2110 RANCHVIEW LN N
PLYMOUTH MN 55447-1460

HOME DEPOT
6701 BOONE AVE N.
MINNEAPOLIS MN 55428

IA ASSN OF BUSINESS & INDUSTRY
400 E. COURT AVENUE
SUITE 100
DES MOINES IA 50309-2017

ICE TECHNOLOGIES
411 SE 9TH ST.
PELLA IA 50219

ICE TECHNOLOGIES
PO BOX 660831
DALLAS TX 75266-0831

INDUSTRIAL SYSTEMS & SUPPLY
2962 33RD AVE
COLUMBUS NE 68601-2332

INGRAM MICRO LEASE - IT!
PO BOX 660831
DALLAS TX 75266-0831

J&E PRECISION MACHINING
600 SEVENTH ST S.
DELANO MN 55328

JEM TECHNICAL MARKETING CO.
2250 DANIELS ST
LONG LAKE MN 55356

JILL SMITH
965 RYAN COURT
IOWA CITY IA 52246

JOHN HANCOCK RETIREMENT PLAN
200 BERKELEY STREET
BOSTON MA 02116

JOHN A. KNUTSON & CO., PLLP
1781 PRIOR AVENUE
FALCON HEIGHTS MN 55113

KLC
3514 COUNTY ROAD 101
MINNETONKA MN 55345

KONECRANES INC/FIVES MACHINING
740 BETA DR., SUITE F
CLEVELAND OH 44143

LEAF CAPITAL FUNDING LLC
PO BOX 5066
HARTFORD CT 06102-5066

LNS AMERICA, INC.
4621 EAST TECH DRIVE
CINCINNATI OH 45245

LUBE-TECH
900 MENDELSSOHN AVE N.
MINNEAPOLIS MN 55427

MANUFACTURERS CAPITAL
206 SALUDO STREET
NEW SMYRNA BEACH FL 32169

MARS SUPPLY
215 EAST 78TH ST
MINNEAPOLIS MN 55420

MD TOOLING
10139 BERGIN ROAD
HOWELL MI 48843

MEDIACOM
2205 INGERSOLL
DES MOINES IA 50312-5289

MENARDS RETAIL SERVICES
7800 LAKELAND AVE N.
MINNEAPOLIS MN 55445

MERK PLUMBING LLC
1739 CRANE AVENUE
AUDUBON IA 50025

MIDWAY STEEL SUPPLY CO.
14255 JAMES RD.
ROGERS MN 55374

MIDWEST PRECISION MFG.
PO BOX 14
FREDONIA WI 53021

MIKE HARFF
6504 INTERNATIONAL PKWY.
SUITE 2100
PLANO TX 75093

MINNESOTA WATERJET, INC.
22451 INDUSTRIAL BLVD.
ROGERS MN 55374

MITUTOYO AMERICA CORP.
958 CORPORATE BLVD.
AURORA IL 60504

MMIT BUSINESS SOLUTIONS GROUPS
4201 NW URBANDALE DR
URBANDALE IA 50322-7916

MOTION INDUSTRIES, INC.
1325 SE ORDNANCE ROAD
SUITE A
ANKENY IA 50023

MSC INDUSTRIAL SUPPLY CO.
PO BOX 953635
SAINT LOUIS MO 63195-3635

MTS INC.
2800 OLIVE ST
ATLANTIC IA 50022

NAPA AUTO PARTS
1871 HWY 71 N., PO BOX 226
AUDUBON IA 50025

NDI CONSULTANTS, INC.
14608 FELTON CT
SUITE 101
APPLE VALLEY MN 55124

NELSEN STEEL CO.
9400 W. BELMONT AVENUE
FRANKLIN PARK IL 60131-2898

NEWTEK
1981 MARCUS AVENUE
SUITE 130
LAKE SUCCESS NY 11042

NICO
2929 1ST AVE S.
MINNEAPOLIS MN 55408

NORTH CENTRAL STAMPING & MFG.
1581 93RD LN NE
MINNEAPOLIS MN 55449

NORTHERN TOOL & EQUIPMENT
2800 SOUTHCROSS DR. W.
BURNSVILLE MN 55306

PACIFIC TOOL & GAUGE
625 ANTELOPE ROAD
WHITE CITY OR 97503

PARKER HANNIFIN CORP.
77 DRAGON COURT
CHOMERICS DIVISION
WOBURN MA 01888

PETERSON, ENGBERG & PETERSON
25 NINTH AVE N.
HOPKINS MN 55343-7666

PINNACLE - PHX LLC
C/O ERIC SHELDAHL
1191 W. MARINA DRIVE
CHANDLER AZ 85248

PLATINUM GROUP
12301 WHITEWATER DRIVE
SUITE 10
HOPKINS MN 55343

PRESTIGE PRODUCTS
1403 W. BROADWAY
MINNEAPOLIS MN 55411

PRODUCTIVITY, INC.
15150 25TH AVENUE N.
MINNEAPOLIS MN 55447

QUILL CORPORATION
PO BOX 94081
PALATINE IL 60094-4081

R&R MACHINERY MOVERS
9000 SCIENCE CENTER DRIVE, #2
MINNEAPOLIS MN 55428

RADWELL INTERNATIONAL
111 MOUNT HOLLY BYPASS
LUMBERTON NJ 08048

ROBINSON RUHNKE, PC
903 E. US HIGHWAY 30
PO BOX 908
CARROLL IA 51401

SHRED-IT USA
8400 89TH AVENUE N
SUITE 430
MINNEAPOLIS MN 55445

SOULO COMMUNICATIONS
1155 114TH LANE NW
MINNEAPOLIS MN 55448

SOUTHSIDE WELDING
PO BOX 147
1020 3RD AVENUE
AUDUBON IA 50025-0147

STAR CNC MACHINE TOOL CORP.
123 POWERHOUSE ROAD
ROSLYN HEIGHTS NY 11577

SUNNEN PRODUCTS CO.
7910 MANCHESTER AVENUE
SAINT LOUIS MO 63143

TECH FINANCIAL SERVICES
1625 W. FOUNTAINHEAD PKWY.
TEMPE AZ 85282

TECHNICAL PLATING, INC.
8760 XYLON AVE N.
BROOKLYN PARK MN 55445

TGK AUTOMOTIVE OF CRYSTAL INC.
5337 EDGEWOOD AVE N.
MINNEAPOLIS MN 55428

THE CALIBRATION SOLUTION
9865 N. ALPINE ROAD
MACHESNEY PARK IL 61115

THE CLIFFORD I. ANDERSON TRUST
5300 KELSEY TERRACE
MINNEAPOLIS MN 55436

THREAD CHECK, INC.
900 MARCONI AVENUE
RONKONKOMA NY 11779

TIMOTHY GREENE
21463 FINCH ROAD
OSAKIS MN 56360

TOLL GAS & WELDING SUPPLY
7609 N. 73RD AVENUE
BROOKLYN PARK MN 55429

TRI-V TOOLING & MFG. CO.
13434 CENTECH RD.
OMAHA NE 68138-3493

TRUSTY COOK, INC.
10530 E. 59TH ST.
INDIANAPOLIS IN 46236

TVT CAPITAL LLC
881 BAXTER DRIVE
SOUTH JORDAN UT 84095

TWIN CITY STAFFING LLC
107 CEDAR ST
SUITE 3
MONTICELLO MN 55362

ULINE
985 ALDIN DR.
EAGAN MN 55121

UNIPOINT SOFTWARE
342 JELLEY AVENUE
NEWMARKET ON

UNIPRINT, INC.
22837 VENTURA BLVD.
SUITE 203
WOODLAND HILLS CA 91364

UNITED PARCEL SERVICE
PO BOX 505820
THE LAKES NV 88905-5820

UNITED STANDARDS LAB, INC.
4250 NICOLLET AVENUE S.
MINNEAPOLIS MN 55409

US SMALL BUSINESS ADMINISTRATI
10737 GATEWAY W., #300
EL PASO TX 79935

US SMALL BUSINESS ADMINISTRATI
1545 HAWKINS BLVD., SUITE 202
EL PASO TX 79925

VERIZON WIRELESS
PO BOX 25505
LEHIGH VALLEY PA 18002-5505

VISION COATINGS
1679 RADISSON ROAD NE
BLAINE MN 55449

WODA COOPER DEVELOPMENT, INC.
500 SOUTH FRONT STREET, 10TH F
COLUMBUS OH 43215

**United States Bankruptcy Court
District of Minnesota**

In re **Quality Machine of Iowa, Inc.**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Quality Machine of Iowa, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

December 3, 2021

Date

/s/ Cameron A. Lallier

Cameron A. Lallier 393213

Signature of Attorney or Litigant

Counsel for **Quality Machine of Iowa, Inc.**

Foley & Mansfield PLLP

250 Marquette Avenue, Suite 1200

Minneapolis, MN 55401

612-338-8788 Fax: 612-338-8690

jjavaque@foleymansfield.com